

DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ARTICULATION SYSTEMS FOR POSITIONING MINIMALLY INVASIVE SURGICAL TOOLS** the specification of which is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 CFR §1.56. I claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under 35 USC § 119(e) of any U.S. Provisional Application(s) listed below:

Application No.	Filing Date
60/129,703	April 16, 1999

I claim the benefit under 35 USC §120 of any U.S. Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: STONE	First Name: CORBETT	Middle Name or Initial: W.
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			Postal Code: 92029
Full Name of Inventor 3:	Last Name: GILLESPIE	First Name: WALTER	Middle Name or Initial: D.
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Full Name of Inventor 4:	Last Name: MARINO	First Name: JAMES	Middle Name or Initial: F.
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			Postal Code: 92037

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC §1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1 Corbett W. Stone	Signature of Inventor 2 DAVID MATSUURA	Signature of Inventor 3 WALTER GILLESPIE
Date	Date	Date
Signature of Inventor 4 JAMES MARINO		
Date		

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